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R. Write



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: DISSOLUTIONS OF CORPOR	RATION
DOCUMENT NUMBER: P12000041943	
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
ANA DE LOS SANTOS PEREZ	
(Name o	f Contact Person)
FOUR SISTERS BEAUTY SALON INC	
(Fi	rm/Company)
10101 SW 162 CT	
(/	Address)
MIAMI, FL 33196	
(City/St	tate and Zip Code)
For further information concerning this m	atter inlease call:
-	
ANA DE LOS SANTOS PEREZ	at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amo	ount:
	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of States FOUR SISTERS BEAUTY SALON INC.	ie:		
SECOND:	The document number of the corporation (if known):			
THIRD:	The file date of the articles of incorporation: 05/03/2012			
FOURTH:	(CHECK AT LEAST ONE BOX)			
	None of the corporation's shares have been issued.			
	☐ The corporation has not commenced business.			
FIFTH:	No debt of the corporation remains unpaid.			
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.			
SEVENTH:	Adoption of Dissolution (CHECK ONE)		16 1	
م	A majority of the incorporators authorized the dissolution.		AY 16	41 mg 21 mg 21 mg
\	A majority of the directors authorized the dissolution.	Sign	MH 11: 56	
Sign	nature: (By a director, president or other officer - if directors or officers have not been selected, by an incorpora	tor - if	_	
•	in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)			
	(Typed or printed name of person signing)			
	President (Title of Person Signing)			

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Name of Corporation:____ Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced ithin 4 years after the filing of this notice.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00